

RECORDS DESTRUCTION DOCUMENT (RM88)	NO. _____ PAGE _____ OF _____ PAGES
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1. AGENCY NAME AND DIVISION/PROGRAM: Bigfork Special Services	2. AGENCY CONTACT: NAME: Matt Porrovecchio PHONE #: 406-837-7400 EMAIL: mattp@bigfork.k12.mt.us
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3. NOTICE OF INTENTION: The schedule records listed in Item 5 are to be disposed of in the manner checked below (specify only one).

Delete
 Incinerate
 Shred as Classified
 Toss without Restriction

Other: Explain

4. SUBMITTED BY: I hereby certify that the records to be disposed of are correctly represented below, that any audit requirements or **Offer to the State Historical Society Archives** has been fully justified, and that further retention is not required for any litigation pending or imminent. *Documentation attached from Historical Society.*

SIGNATURE:
 NAME AND TITLE: Matt Porrovecchio, Special Services Director
 DATE: 07/01/2019

5. LIST OF RECORD SERIES

NOTE: Attach any inventories or Excel spreadsheets to this form to help validate records destroyed.

a. Retention Schedule Number	b. Item number listed on Retention Schedule	c. Record Series Title	d. Retention in months/years	e. Inclusive Dates	f. Volume in Cubic Feet	g. Disposition Action and Date completed after Authorization
7	13 - 1, g.	Individual Student Records - IEP	8+ years	1986-2011	4 (99 files)	

<p>6. DISPOSAL AUTHORIZATION: Disposal for the above listed records is authorized. Any deletions or modifications are indicated.</p> <p>Custodian/Records Manager</p> <p>Name: Matt Porrovecchio Date: 06/01/2019</p> <p>Signature: </p>	<p>7. DISPOSAL CERTIFICATE: The above listed records have been disposed of in the manner and on the date shown in column g.</p> <p>Name and Title:</p> <p>Signature:</p>
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